

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55	/					
6	/						56		5				
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
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38	/						88						
39	/						89						
40	/						90						
41	/						91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	45						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						